

WORK ORDER#

City\_\_ County\_\_

EL\_\_ WA\_\_ SE\_\_ RC\_\_

CITY OF BEDFORD

P. O. BOX 807

BEDFORD, VA 24523

PH (540) 587-6047 / FX (540) 587-6143

☐ Permanent

☐ Temporary

## APPLICATION FOR COMMERCIAL UTILITY SERVICE

DATE OF APPLICATION \_\_\_\_\_

DATE SERVICE DESIRED \_\_\_\_\_

DEPOSIT DATE \_\_\_\_\_

AMOUNT \_\_\_\_\_

NAME \_\_\_\_\_

S. S. # \_\_\_\_\_

T/A \_\_\_\_\_

FEDERAL ID # \_\_\_\_\_

COMMERCIAL ☐

ELECTRIC ☐ WATER ☐ SEWER ☐ REFUSE ☐

**Service address** (street #) (street name)

(Bedford or Big Island)

MAILING ADDRESS \_\_\_\_\_

(If different)

PHONE NUMBER: WORK \_\_\_\_\_ FAX \_\_\_\_\_

PROPERTY: OWN ☐ RENT ☐ LANDLORD \_\_\_\_\_

HAVE YOU PREVIOUSLY RECEIVED UTILITY SERVICE FROM THE CITY OF BEDFORD?

YES ☐

NO ☐

PREVIOUS SERVICED ADDRESS \_\_\_\_\_

OWNER OF BUSINESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

NAME OF A/P CONTACT \_\_\_\_\_

THEIR CONTACT NUMBER \_\_\_\_\_

NAME OF DEPT HEAD OF BUSINESS \_\_\_\_\_

(Someone we can contact if service is to be interrupted)

ADDRESS \_\_\_\_\_ Phone # \_\_\_\_\_

Position: \_\_\_\_\_

*I understand that this application for utility service with the City of Bedford will establish an account in my name and that I will be responsible for all charges that are incurred on this account. I also agree to abide by the terms and conditions of the City Electric Tariff and other ordinances governing the utility services provided by the City of Bedford as amended from time to time by the City Council of the City of Bedford.*

SIGNATURE \_\_\_\_\_